Family Team Decision Making: A Focus on Decision Making & Next Step Actions

1. Important Decisions to Be Made

Family team meetings should be used when making important life decisions. Participants should know of major decisions to be made in advance of a meeting so that each participant will come prepared to contribute. Major decisions should be a primary focus along with next step actions planned for interventive supports and services addressed after a major decision is made. Important decisions for a family include:

1. Removal of children.
2. Selection of intervention and treatment options for parents or children, such as:
   - Intensive in-home services
   - Mental health or substance abuse treatment
   - Wraparound supports
3. Transition or movement of children within care or treatment arrangements that alter level of restriction or placement.
4. Reunification of children with parents.
5. Voluntary relinquishment of children or termination of parent rights.
6. Selection of temporary or permanent replacement caregivers.
7. Assignment of guardianship.
8. Adoption.
9. Assignment of child/youth to independent living or long-term care arrangements.
10. Safe case closure.

Important life decisions should be the basis for and first priority of a family team meeting agenda. Course of action and next step planning follow when an important life decision is made. Family team meetings may be used for purposes other than major family intervention decisions.

2. The Right Participants

The right people (those whe are affected by a decision, those who have authority to compel a decision, and those who must make a commitment to support a decision) should be party to a decision. Due notice and adequate preparation of participants are essential. The right people must be present and participating when the decision is made. [Parent perspective: *No decision about me without me!*]

3. Decision Options to be Considered

The options that may be considered in making a decision should be clarified to the extent possible in advance of the meeting so that participants can come prepared to contribute to the decision process and offer their perspectives on various options.

4. Decision Support Information

Participants should bring the information, knowledge, and wisdom necessary to make an appropriate, adequate, and beneficial decision selected from among options presented in advance of the meeting or added during the course of the meeting. Decision support information includes current assessment understandings, relevant history about the effects of previous or current interventions, court requirements that must be met, details about the options to consider, criteria that will be useful in selecting from among the options considered, and next step requirements for implementation of the decision option that is selected. To be useful, decision support information should be made available during the meeting at which the important decision is made.

5. Agreement on the Decision

The right people (those whe are affected by a decision, those who have authority to compel a decision, and those who must make a commitment to support a decision) should reach agreement or at least acceptance (i.e., no objections, if not in full agreement) on the important decision made, the general intervention approach selected, and course of action that will flow from the decision.

6. Course of Action and Next Steps

Participants should plan a sensible course of action and next steps that will follow from the major decision made. The plan made (FSP) should provide:

- Manageable steps, that are understood and accepted by the family and expressed in their own words;
- Actions and timelines assigned to participants;
- Persons accountable for actions and achievement of intended results;
- Resources, funding, and authorizations for necessary treatment, services, and/or supports;
- An assigned coordinator who functions as the single point of contact for the family and team; and
- Checks for monitoring implementation and results of the course of action selected.

7. Commitments of Actors & Resources

Key people affected by and involved in the course of action and next steps should pledge their commitments of attention, approval, action, time, and resources to the course of action and its schedule of implementation. This commitment seals the deal.

Organizing Family Team Meeting Activities

1. Preparation

Family team meetings are used when making major life-altering decisions with a family receiving services. Basic considerations for family team meeting preparation include making sure that the:

1. Family understands the purpose and philosophy of family team decision making efforts.

2. Family members are ready, able, safe, and eligible candidates for team participation.

3. Right people are invited to the meeting:

   - People necessary for the major decisions to be made.
   - People invited by the family for their own support.
   - People invited by the agency for service provision.

4. Participants know the purpose of the meeting and how to contribute in a positive way:

   - Come prepared and ready for decision making.
   - Speak to their concerns in constructive ways.
   - Listen with respect to others' concerns.
   - Recognize and build on family strengths and needs.
   - Share information, ideas, and resources.
   - Keep personal and confidential information private.

5. Participants know what to bring to be prepared as well as when and where to meet.

6. Logistical arrangements are made:

   - Meeting place and time should be mutually convenient for the family and other participants.
   - Meeting place should be conducive for private and confidential conversations.
   - Refreshments and restrooms should be available for participant comfort.
   - The agenda should include any family rituals to begin or end meeting.

7. Facilitator is prepared to accomplish the primary purposes of the meeting.

8. Facilitator and DHS staff are prepared to follow-up on decisions made and on next step plans.

Making important decisions and the related next step plans for implementing those decisions should be the basis for a family team meeting agenda.

2. Facilitation

Family team meetings are facilitated by a person who has completed the approved FTDM facilitator training and who is competent to facilitate meetings that focus on child safety, permanency, and well-being. Any relevant cultural issues of the child and family are accommodated before, during, and after the meeting. The facilitator:

1. Convenes the meeting, defines the goals and ground rules of the meeting, introduces participants and their roles, defines decisions to be made and the possible range of actions to follow the decisions.

2. Uses consensus-building decision-making techniques, handles any conflict as it surfaces, selects appropriate idea-building processes, solicits all view-points, clarifies options, refocuses as necessary to stay on task and on time, monitors and manages the flow of discussion to ensure that all are heard and no one dominates, brings discussions to closure with decisions made, and moves on to next steps, assignments, and commitments. This is done by:

   - Sharing inspiring visions to guide decisions and plans.
   - Focusing on results, processes, and relationships.
   - Designing pathways to action for realizing opportunities, building capacities, and solving problems.
   - Seeking maximum, appropriate involvement in decisions.
   - Facilitating the group to build agreements and meet challenges. *[What could go wrong with this plan?]*
   - Coaching others to do their best.
   - Confronting problems honestly and respectfully.
   - Managing power and control issues that arise.
   - Balancing family-centered practice with protective authority to keep children safe and help parents succeed.
   - Celebrating successes and accomplishments.

3. Builds an understanding of the family and requirements for safe case closure from assessment information, court requirements, and family team discussions:

   - The family's story, strengths and needs, risks, barriers to family change, and family desires to improve.
   - Requirements for safe case closure (behavior changes).
   - Changes the family must make plus their potential, motivation, and progress as it is being made (prognosis).

3. Makes decisions, sets goals, secures commitments:

   - Sets goals for change, selects change strategies, plans interventions and support with family and supporters.
   - Secures commitments from participants for plans made.

3. Service Planning & Follow-Up

1. Family team meetings provide a basis for service planning, coordination, communication, and accountability.

2. The family team develops, monitors, and evaluates an individualized, strengths-based, needs-driven service plan that fills safety and permanency requirements while meeting the unique needs of the child and family identified in the assessment. Via the planning process, the service team assists the family develop and use a network of informal supports that can help sustain the family over time. The family service plan:

   - Defines agreed upon goals for the family that include measures of caregiver behavior changes that are consistent with safe case closure requirements.
   - Focuses on achieving safety, permanency, and well-being.
   - Addresses the child's needs for attachment, safety, security.
   - Plans for family preservation or reunification, as indicated.
   - Identifies alternative permanency plans, safety plans, crisis plans, and any transition plans that may be necessary.
   - Uses supports and services that are most likely to work for the family and be a good fit for the family and situation.
   - Specifies services and supports to be provided that are culturally competent and community based.
   - Defines how goals are to be measured via behavior changes.
   - States consequences of not making behavior changes.
   - Sets time limits, clear expectations, and alternatives.
   - Defines accountability for actions of the family and service providers and ways that accountability will be ensured.

3. The family team develops, monitors, and evaluates any individualized child service plans for a child with special needs. The child service plan (an FSP component):

   - Addresses the special needs of the child or youth.
   - Defines treatment goals and strategies (including an IEP).
   - Builds resiliency and improves the child's functioning in daily settings, including home and school.
   - Uses collaboration, as appropriate, between health care, mental health, special education, developmental disabilities, and/or juvenile justice services.
   - Provides integration and coordination of services across settings, providers, levels of care, and funding sources.
   - Provides for age-appropriate transitions.
   - Prevents unnecessary disruption of the child's education.

4. The effectiveness of each family team meeting is assessed with adjustments made to improve the ongoing process and results for the family.

5. The effectiveness of planned services is evaluated with changes made to improve services and results achieved.

Assessment and Planning Logic to Guide Child Welfare Practice

1.0 Assessing & Understanding the Situation

1.1 Family Situation & Change Requirements

1.1.1 Unacceptable Family Situation Upon System Entry

1.1.2 Necessary Conditions & Behaviors for Safe Case Closure (SCC)

1.1.3 Underlying Causes & Contributors of the Unacceptable Family Situation

1.1.4 Any Factor that Eliminates Entering Caregiver from Future Parenting Role

1.1.5 Change Requirements for Entering Caregiver, If continuing
- OR -
Match Requirements for Kinship Family or New Adoptive Family, if replacing

1.2 Capacities, Challenges, Change Potential

1.2.1 Family Strengths, Assets, Supports to Build Upon

1.2.2 Family Preferences & Requirements for Engagement and Participaton

1.2.3 Cultural & Language Characteristics Requiring Special Accommodations

1.2.4 Child/Family Needs, Risks, Problems, Limitations, Imposed Requirements

1.2.5 Potential for Change:
- Cognitive abilities
- Health/physical ability
- Treatment response
- Education/income
- Barriers/supports
- Recovery potential
- Motivation to change
- Trajectory & time limits
- Prognosis for SCC

2.0 Planning a Change Process

2.1 Strategic Approach

Plan a strategic approach: such as,
- Brief, one-time support to stabilize a family
- Intensive in-home intervention to build skills
- Episodic support of challenged caregiver
- Permanent replacement of unsafe caregiver

2.2 Change Strategies

Choose Efficacious Change Strategies
That will be a Good Fit for the Family
That will be Used in a Change Process
To Meet Conditions Necessary for
Safe Case Closure (SCC)

2.3 Course of Action

Make an Accountable Plan
For Implementation of a
Course of Action for the
Planned Change Strategies that will
Lead to the the Achievement of
Safe Case Closure (SCC)

Assessment and Planning Logic Framework to Guide Child Welfare Practice

Assessment is: 1) An inquiry-driven learning process; 2) Conducted by a family's service team; 3) To form a big picture understanding of the family; 4) To inform family-team decisions; 5) For guiding a change process; 6) To achieve necessary conditions for safe case closure. Assessment begins with initial family contact and continues until safe case closure is achieved. Assessment discovers and illuminates causes and contributors that led to an unacceptable situation, provides requirements and constaints for a successful change process, and guides the selection of efficacious, good-fitting change strategies necessary for planning and implementing a realistic and effective course of action for the family, supporters, and service providers.

Assessing & Understanding the Situation

1. Describe Status Upon Entry

Unacceptable Child Status Situation Upon Entry into Child Welfare:

EXAMPLE: *A failure-to-thrive 6-month infant with a mild-MR homeless mom, age 19 (a former DCF foster child who aged-out).*

2. Determine Causes & Contibutors

Underlying Issues that Explain the Unacceptable Status Situation

[EXAMPLE]

1. Mom lacks necessary knowledge and skills for feeding an infant or toddler.
2. Mom uses unclean utensils in food preparation and serving.
3. Mom lacks knowledge and skills for basic infant and child care.
4. Mom lacks a knowledgeable adult to check baby and supervise child care.
5. Mom does not recognize and respond appropriately to signs and symptoms of child illness.
6. Mom does not recognize and remove hazards from the child's immediate environment.
7. Family lacks adequate, stable housing and income.
8. Mom lacks baby formula and appropriate food.
9. Mom lacks assistance mentoring support for parenting an infant.

3. Assess Family Fit Information

Requirements and Constraints for Planning Interventions:

1. Family strengths and assets:
   - Abilities/capabilities
   - Extended family
   - Employment/income
   - Support network
   - Living situation
   - Willingness to participate in a planned change process
   - Other assets
2. Family culture and language factors to be taken into account.
3. Family preferences, requirements for engagement and participation in a change process, and any "non-negotiables" that would limit family acceptance and engagement.
4. Family problems or limiting factors that may impose risks or restrict the range of options used for intervention or problem solving (e.g., cognitive or physical limitations; addiction or mental health recovery and relapse patterns; English speaking ability; un-documented immigrant status; literacy; employability status).
5. Special circumstances or losses (e.g., disaster victim-lost house, recent loss of significant family member; military duty abroad).
6. Court-ordered requirements (e.g., child welfare plan) or constraints (e.g.,restraining order, probation, or parole) that the parent or child must meet.
7. Others factors (e.g., treatment response, motivation for change; case trajectory and prognosis) that must be understood and taken into account when planning a change process for this child and family.

Planning a Results-Oriented, Accountable Change Process

4. Plan Safe Case Closure (Goals)

Define Conditions Necessary for Safe Case Closure to Set Goals:

[EXAMPLE]

Necessary behavior patterns to be consistently demonstrated by caregiver:

1. Mom feeds the baby appropriate foods/diet at mealtime using sanitary utensils and on a proper feeding schedule.
2. Mom consistently provides adequate hygiene for diapering, bathing, and physical care of the child.
3. Mom keeps the home environment safe and free from hazards that could be encountered by an infant or toddler.
4. Mom recognizes and responds to signs and symptoms of child illness by calling a mature adult or nurse to advise and assist in emerging health situations.

Sustainable conditions put into place:

1. Baby's weight is now on target.
2. Mom has baby formula and WIC food assistance.
3. Mom has adequate, stable housing.
4. Mom/baby have adequate, stable income to meet basic needs.
5. Baby's immediate environment is safe and free from hazards.
6. Mom has an experienced parenting mentor next door to supervise and assist daily child care.
7. Mom/baby have weekly visiting nurse services to monitor child health and developmental status for next 24 months.

5. Select Change Strategies

Choose Efficacious/Good Fitting Strategies To Help Family Make Changes for Safe Case Closure:

1. Select one or more interventive strategies for each behavior change or change in conditions defined in the desired end states (goals). Such strategies may fall into the following general categories:
   - Instruction (teaching/training)
   - Treatment or therapy
   - Employment/income
   - Support network building
   - Housing and living conditions
   - Family support
   - Transitional support
2. For each strategy, select one or more specific interventive techniques (e.g., Multi-Systemic Therapy) or casework tasks (e.g., securing SSI benefits or Section 8 housing) necessary to effect the strategies and make the desired changes in behaviors or conditions.
3. Consider and select available evidence-based strategies that are properly matched to the type of person and change to be made. Give preference to strategies deemed to be the "most efficacaious" (evidence based) and "best fit" for the case.
4. Determine any technical process requirements for proper implementation of strategies to insure fidelity of strategy use.
5. Determine resource requirements and necessary arrangements for implementing interventive strategies.
6. Strategically order (priority, logical sequence) a sequence of strategies to create a sensible course of action that is acceptable to the family and helpful to the practitioners and support providers involved.

6. Plan a Course of Action

Make an Accountable Plan for Implementation of the Course of Action to Achieve Safe Case Closure:

1. Use the combination and sequence of intervention strategies to lay-out a course of action with the accompanying process and resource requirements used to construct a plan of implementation. The plan should provide:
   - Manageable steps, understood and accepted by the family, in priority and logical order;
   - Actions and timelines for each strategy used to yield change;
   - Team members and persons accountable for actions/results;
   - Resources, funding, and authorizations for necessary services;
   - An assigned coordinator who functions as the single point of contact for the family; and
   - Process checks for monitoring fidelity of implementation of evidence-based techniques.
2. Plan monitoring processes to be used by the coordinator/team to check and modify plans.
3. Plan the measures and tracking to be used to determine whether/when conditions necessary for safe case closure (i.e., the set end-state goals) are achieved and how measurements will be conducted and reported to the team.
4. Identify how problem-solving activities will be conducted and managed by the service coordinator with the family team and service providers during implementation of the planned course of action.
5. Plan processes by which family progress and near-term results will be evaluated and used in family team decision-making activities.